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EXAMINER C. Delacroix-Muirheid
Group Art Unit: 1614
In re application of
HOWARD M. KINGSTON
Serial No. 09/262,597
Filed: March 4, 1999

**METHOD AND APPARATUS
FOR MICROWAVE ASSISTED
CHEMICAL REACTIONS**

Attorney Docket No. 119994-5

RESPONSE TO RESTRICTION REQUIREMENT

600 Grant Street, 44th Floor
Pittsburgh, PA 15219
July 12, 2001

Assistant Commissioner for Patents
BOX NON-FEE AMENDMENT
Washington, DC 20231

Sir:

In response to the Office Action dated July 3, 2001, Applicant hereby elects to pursue the Group I claims (Claims 1-19) without traverse.

An Action on the merits of elected Claims 1 through 19 is respectfully requested.

Respectfully submitted,

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Applicati n Number	09/262,597
	Filing Date	March 4, 1999
	First Named Inventor	HOWARD M. KINGSTON
	Group Art Unit	1614
	Examiner Name	C. Delacroix-Muirheid
Total Number of Pages in This Submission	Attorney Docket Number	119994-5

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Arnold B. Silverman
Signature	
Date	July 12, 2001

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: July 12, 2001			
Typed or printed name	Arnold B. Silverman		
Signature		Date	July 12, 2001

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